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The Impact of Social Crises on Dissocial and Problem Behavior of Women: Effects on Sex Differences Across the Life Course

**A case study of the war and post-war crisis in Germany
1945-1949¹**

Susanne Karstedt

Zusammenfassung

Kriege und tiefgreifende Transformationen des gesamten institutionellen und sozialen Geflechts, wie sie derzeit in den Ländern Mittel- und Osteuropas stattfinden, haben unterschiedliche Auswirkungen auf die Geschlechter. Männer und Frauen erleben unterschiedliche Formen von Belastungen, erfahren aber auch unterschiedliche neue Möglichkeiten, das Leben zu meistern. Entsprechend werden sich Unterschiede zwischen den Geschlechtern hinsichtlich der Reaktionen ergeben. Kriminalität, psychische Krankheiten und Selbstmord werden kurzfristige, wenn nicht gar langfristige Verschiebungen der Relationen zwischen den Geschlechtern aufweisen, vor allem in jenen Kohorten, die besonders hart zu einem entscheidenden Zeitpunkt im Lebenslauf getroffen wurden. Zwar sind Krisen einzigartige historische Ereignisse, jedoch lassen sich vergleichbare Elemente ausmachen, und insbesondere scheinen die Auswirkungen auf bestimmte Kohorten bzw. Altersgruppen viele Gemeinsamkeiten aufzuweisen. Mit der Nachkriegszeit in Deutschland wird eine Krise untersucht, deren Auswirkungen auf die betroffenen Kohorten nun zu überblicken sind. Die Unterschiede in den Belastungen beider Geschlechter werden anhand von Kriminalitätsbelastung, Selbstmord, bzw. der Relation zwischen männlichen und weiblichen Raten sowie den Anteilen von weiblichen Patienten in psychiatrischen Krankenhäusern Schleswig-Holsteins für Altersgruppen und Kohorten analysiert. Die Ergebnisse weisen auf Unterschiede der männlichen und weiblichen Suizidraten in den verschiedenen Kohorten und Altersgruppen hin, wobei sich in den besonders stark betroffenen Kohorten eine dauerhafte Verringerung der Differenz zwischen männlichen und weiblichen Raten zeigt. Entsprechende Verschiebungen in den Anteilen der weiblichen Patienten in psychiatrischen Krankenhäusern konnten nicht gefunden werden, und Veränderungen der Kriminalitätsbelastung von Frauen scheinen kurzfristig und überwiegend ökonomisch bedingt zu sein. Soziale Krisen scheinen für Frauen vor allem dann eine typische anomische Situation zu schaffen, wenn die Deutungsmuster, die sie zur Bewältigung der Situation aktivieren können, ihnen neue Möglichkeiten blockieren und vor allem die defizitären Aspekte in den Mittelpunkt der Erfahrungen stellen.

Abstract

Wars, civil wars and sweeping changes of the institutional and social fabric of societies, such as in the countries of Eastern Europe, have different impacts on the life of men and women. Both genders will be exposed to different forms of strain and stress, or to different opportunities. Consequently, the gender differences of criminal behavior, mental disorders and suicides will change during such crises and in their aftermath, but there might be as well lasting impacts on those cohorts that have been hit hardest or at a crucial life-stage. Though such crises are "unique" historical events in a strict sense, the search for their constituent elements and a "theoretically meaningful approach" favours a "diachronic comparative" perspective (Elder 1994). The social, political and economic crisis after World War II in Germany bears much in common with the present crisis in the countries of Eastern Europe as well as in the five new states of the Federal Republic of Germany. The "historical event" (1945-1949) is analysed with regard to short-term as well as long-term impacts on gender differences with regard to crime rates, suicide rates and mental illness. The results indicate that the Second World War had a crucial impact on gender differences of suicide rates for different cohorts and at different periods in the life course. Concomitant changes of differences of mental illness could not be found for the respective cohorts at a later life-stage. Changes of gender differences of criminal behavior seem to be short-termed. The results are discussed with regard to situations of anomie that women experience during severe socio-economic and socio-political crises.

1. Social crises, life histories and gender roles

The population of the Eastern European countries and in the five new states of the Federal Republic of Germany experience a state of acute social crisis. The profound and rapid "process of transformation" is changing the economies as well as the social and political institutions in a sweeping, thoroughly and revolutionary way. Economic pressure and distress, social insecurity, the breakdown of norms and values, even of habits and daily routines all add up to a state of acute social crisis, that seems to be unique in modern history.

Rising crime rates (von der Heide 1993; Ewald 1993a, b; Kury 1992; Bienkowska 1991; Sessar 1993) and increasing fear of crime (Gönczöl 1993; Boers 1993) as well as alarming increases of suicide rates (The Warsaw Voice 1993) are indicators of the situation of turmoil, the economic hardships and the psycho-social distress of the population in these countries. Though the relationship between socio-economic distress and crime, suicides and mental illness, alcoholism and drug addiction is rather well established on the individual level as well as for specific social groups, such sweeping social changes accompanied by economic distress affect nearly the whole population, and as such, they are *collective* experiences. The different cohorts resp. age groups will suffer from the hardships in these times in different ways, and the collective experiences of men and women will be different in times of sweeping socio-economic crises, during revolutions or civil wars.

The reshaping of gender roles in such times is obvious: Wars and civil strife seem to accentuate the differences between the genders. In such times, and especially caused by the accompanying economic crisis, the maintenance of the family and the necessary daily routines become hard work, more tasks of maintenance are fulfilled within the family - as during the Great Depression (Elder 1974) or in recent times of farm crises in the USA (Conger et al. 1992; 1993; Elder 1994) - and the work of women becomes more visible again. The pictures of Bosnian women - old ones as well as little girls -, who carry heavy loads of water and fuel and stand in lines for food, make quite clear which gender has shouldered the burden. Demographic changes resulting from wars and emigration in such crises - temporary or lasting - reshape the roles of women as well as of men. The disruption and disorganization of families during such times of social crises precipitate women into new responsibilities (Elder 1974), thus adding to their psycho-social distress. On the other hand, the collective experience of large groups of the society may elicit new strategies of coping, build up networks or renew communitarian values. Consequently, distress and failure is not experienced as personal failure, but as a "normal" phenomenon, so that collective experiences of social-economic and psycho-social distress have a lesser impact on all forms of dissocial behavior.²

The security-related stress (Landau, Pfefferman 1988) as well as the psycho-social distress of a population (Elder 1985; Elder, Caspi 1990; Elder et al. 1986), that are the immediate and concomitant effects of such deep and sweeping social crises like the depression, wars and post-war periods, have attracted a lot of scholarly attention (Powell 1966; Sutherland 1956; Sellin 1926; Reckless 1942; Liepmann 1930; Exner 1927; Bader 1949; Archer, Gartner 1976; 1984). Besides the concomitant and contemporary effects of social crises, much less attention has been given to the long-term impacts on the life course of the cohorts, who experience such unique historical events.

Will the experiences of Bosnian women be embedded in the "collective memory" of this cohort and will they have an impact on their life course, by this reshaping gender relations and gender differences for a much longer time? Results from a survey conducted 1980 in the FRG on knowledge and opinion of law hint to such processes: Women older than 50 years rated indecent assaults significantly less severe than any other group in the sample, even after controlling for education, socio-economic status and other variables. This result was exceptional, because this group rated all other offenses significantly more severe than other groups. This might be explained by the fact, that these women had witnessed and experienced rape and indecent assault on a large scale, as a more or less inevitable event, and as a *collective* threat, not as an *individual* offense (Karstedt 1983).

Will there be a lasting impact of such an event on the socio-economic situation as well as on the physical and psychical well-being of men and women across their whole life-course? Thomae found in a longitudinal study in Germany, that women who were born between 1900 and 1909 and lived through the war and the subsequent period of socio-economic distress during their adulthood, reported

more negative, depressive and evasive reactions toward occupational and family problems, while men who were born between 1920 and 1929 scored higher on these reactions (Thomae 1988, 129-132). A more distancing, accepting response style toward the war and post-war period resulted later in a less active, more depressive and less self-conscious type of reactions toward problems. Nonetheless, this response style could only be identified in the 1960ies, but not later in these cohorts (Thomae 1993, 9).

Will there be an impact on the following cohorts and generations caused by the processes of the disintegration of families and social institutions for the socialization of the young (Elder, Caspi 1990)? Studies on the Great Depression (Elder 1974; 1985) as well as on the recent farm crisis (Conger et al. 1992; 1993) confirm an impact on problem behavior of boys and girls during their childhood and adolescence. Still, little is known about a lasting impact on adulthood or even old age (Elder 1985, 35). Economic pressures on the family increased the centrality of the mother as the authoritative and affectionate figure in the home, and the daughters were trained more in the traditional role of women (Elder 1974; 1985; 1993), thus shaping their life-courses in a decisive way. Lowenberg (1971) related the absence of fathers and the resulting disorganization of families during and after World War I to the rise of fascism and its specific concepts of gender roles in Germany during the 1920ies and 1930ies. Analogue explanations have been given for the rise of the leftist students' movement in Germany during the 1960ies (Noelle-Neumann/Köcher 1987; Noelle-Neumann/Piehl 1983; Lehr/Thomae 1991).

Finally, will there be intensified generational conflicts stemming either from a deeply felt lack of "intergenerational justice" between those cohorts, that were mostly hit by such crises and those, that were not, or from a widened gap between conservative-materialistic values, that were adopted during such a crisis, and values of better-off generations, who stress greater freedom and participation (Inglehart 1989; Smelser, Smelser 1981; Johnstone 1975)? Thus, socio-economic crises may defer socio-political change in a later period or cause it to be more disruptive.

As early as in 1905, W.I. Thomas proposed studies on social crises, that "interrupt the flow of habit" (Elder 1994, 21). Periods of sweeping changes of the institutional and social fabric of societies or even only temporary disruptions offer specific opportunities for the study of life-course dynamics and to "grasp history and biography and the relations between the two within society" (Mills 1959, 12). Firstly, the period of social change can be more precisely identified and consequently the cohorts and the life-stages, that are affected by such changes. Secondly, the type of social change can be identified in its extreme forms, by this solving problems e.g. with regard to "thresholds" that arise, when the "normal pace" of social change is studied. Thirdly, starting from a distinct and short period of history, more cohorts can be observed across a longer period of their life course. Finally, such crises provide a kind of "experimental situation" to study the impact of social strain and stress on the population and especially on problem behavior, like crimes, suicides and mental illness (Powell 1966).

These obvious advantages for the study of life course dynamics have to be set off against several problems (Archer, Gartner 1976; Sutherland 1956), that have prevented scholars from the explicit study of such crises. Social crises are as historical events unique and as such might resist general concepts and theories. Thus, the course and impact of the Great Depression in the United States on families and the younger cohorts differ from Germany, where an authoritarian regime was installed (Jaide 1988). Wars and post-war periods vary widely in many respects (Sutherland 1956, 120; Archer, Gartner 1976; Sorokin 1928a,b). Unless the constituent elements of such crises are standardized and their comparative weights assessed (Sutherland 1956, 120), the study of social crises and their impact on the life course of cohorts lacks a "precise theoretical problem" (Sutherland 1956, 127) and is more or less "idiographic".³ The "emergence of a new social history" (Elder 1994, 21) as well as a "historical social psychology" (Gergen, Gergen 1984) has provided scholars with theoretical concepts and induced them to stress the structural components and similarities of such crises instead of the uniqueness of such events. In this spirit, a farm crisis in the 1980ies has been identified as a socio-economic crisis, that allows for a "replication" of the study of the Great Depression by Elder (1974; 1994; Conger et al. 1992 1993). Similarly, for the analysis of the present crisis in Eastern European countries, a search for comparable events in history and its impact on the life course seems to be a reasonable strategy. A careful assessment of similarities as well as of differences still takes into account the uniqueness of historical events, but identifies structural congruencies. In addition, studies of the long-term impact of acute crises have to take into account, that many social changes that occur during economic crises, wars and post-war periods, occur during the following periods or within the range of "normal" social change. Concepts for differentiating between the impact of such crises and the normal pace of change are not yet available.

The study presented here is a "case study" of a unique historical event, the period after the Second World War in Germany from 1945 to 1949 and its long-term impact on gender-related distress in several cohorts. This crisis has been selected, because it's constituent elements may easily be found as well in the contemporary crises in Eastern European countries and especially in the former GDR (now the "five new states of the FRG").⁴ These elements are: a severe economic crisis (unemployment, food shortage), a breakdown of the political system and the institutional fabric of the society, an exchange of ruling elites and a breakdown of the system of values and norms that have regulated daily life. In addition, the net of social security, that had been provided by an authoritarian state, had been disrupted in Germany after 1945 as well as in the Eastern European countries nowadays. Though immediate as well as future economic problems were the most urgent troubles of the German population after 1945 (Scheuch 1992; Merritt, Merritt 1970), issues of social security were of utmost concern and ranked above political freedoms.⁵ Surveys of the population of the former GDR after the reunification produce a remarkable congruency with these results (Spiegel Spezial 1991; Bauer 1991; Becker 1992). In sum, the socio-economic and socio-political constituent elements of the crisis after 1945 bear much

in common with the present crisis of "transformation". In addition, indicators of the "belief-system" (Converse 1964) point to relatively similar processes of impact as well as modes of adaption to this situation.⁶ The selection of the post-war period in Germany as a "proxy" for the present-day crisis seems to be justified. Nonetheless, this study does not intend generalizations, but, taking advantage of a historical event, relates in a more inductive way empirical data with theoretical concepts, which might be a fruitful approach for the study of the impact of the present crises on the life course of the cohorts, that are mostly affected by these changes.

The study is centered on the impact of the war and post-war period in Germany on women, and is restricted to the impact on psycho-social distress and dissocial and problem-behavior of women. Women's crime rates, suicide rates and prevalence rates of mental illness and alcohol/drug addiction will be analysed with special regard to the relation between male and female rates, i.e. to difference vs. convergence. These processes of difference or convergence will be analysed for several cohorts by following a potential impact of the crisis, that hit at different life-stages, through the life course of different cohorts. Because of severe restrictions of the data the analysis of crime rates has to rely on secondary sources of this time, while data on mental illness and addiction are only available for a later period and a special region. In this study, suicide rates are the most reliable data base, and the analysis will be centered on them.

2. Social crisis, gender roles and the gender-distress relationship: The case of Germany 1945 - 1948

2.1 Theory and empirical research on gender roles and problem behavior of women

The analysis of the impact of war and social crises on crime rates and problem behavior has centered mainly on the obviously gender-biased analysis of violence and violent crime, i.e. on male crime (Archer, Gartner 1976; 1984). Consequently, female crimes or suicides are discussed mainly on small data bases (World War I: Exner 1927; Liepmann 1930; World War II: Bader 1949), are not differentiated with regard to several types of crime (Powell 1966), or female offenders are not included in a selection of case studies (Brauneck 1961). McCarthy and Hagan (1987) are a recent exception to this general negligence with their study of female delinquency during the Great Depression, and Archer and Gartner (1976; 1984) include female crime rates in a general comparative approach that is centered on violence and violent crimes as a result of wars. All studies confirm a rise of female crime during such crises and a change of the differences between genders, attributable either to a less marked decrease or relative stability of female delinquency (McCarthy, Hagan 1987), or to a disproportionate rise of female crimes. In sum, convergence instead of widening differences between both genders is mostly observed in studies of such crises.

During the last decade theories have been developed that relate systematically social change and the gender-distress relationship. They mostly focus on processes that lead to a convergence of gender roles and subsequently to a convergence of male and female crime rates, suicide rates and prevalence rates of mental disorders.⁷ The movement of women into the workplace and the subsequent change of their roles in patriarchal family structures change profoundly the power structure and the web of control women are submitted to. These changes produce rising female crime rates as well as a declining "search for deviant role exits" from these pressures like suicides (attempts), mental illness and addictions. Both processes result in a convergence of male and female problem behavior (Hagan 1989).⁸

Contrasting theoretical approaches focus on psycho-social distress of women that is caused by their exposure to the labor market, to unemployment and poverty, and to the "double burden" of work and homework. New values and rising expectations toward the female role create a gap between expectations and opportunities and available resources (Klein, Kress 1976). These theories predict the convergence of male and female crime rates caused by *increasing* psycho-social distress, increasing rates of alcoholism and drug addiction among women as well as an increase of the differences between the rates of mental disorders among men and women.⁹ The increase of economic and domestic responsibilities for women that is associated with modernizing trends in societies and the concomitant crises, seem to be responsible for high levels of psycho-physiological stress (Smelser, Smelser 1981, 647; Weisner, Abbott 1977). Economic problems increase labor-intensive operations within the family, by this doubling the burden for women and causing psycho-social distress, especially depressive reactions (Elder 1974; 1994). These processes seem hardly to be balanced by the reshaping of the power-structure within the family and the emergence of mothers as the authoritative and central figure.

Elder (1974) found that the Great Depression and the resulting stress of families caused more problem behavior in boys than in girls during early childhood, while girls have a higher risk, when they experience such times in adolescence. Problem behavior of children and adolescents is the result of family disorganization, marital distress and depressive moods of the parents (Elder, Caspi 1990; Conger et al. 1992; 1993). In economic crises and during sweeping social change, men and women experience a "lack of control" and start a search for adaptive reactions.¹⁰ The adaptive mechanisms will be either those of resistance or those of retreat, evasion and somatic symptoms (Elder, Caspi 1990, 26). They seem to be not gender- but situation-related: In the German longitudinal study on aging, retreatist, evasive, passive and "hopeless" reactions were more often reported by women of the older cohort, who experienced the war and post-war period as adults; in contrast, the men of the younger cohorts who had to find jobs during the economic crisis of the post-war period and shortly after, reported such feelings more often than the women in this cohort. The nature of the event, the resources, beliefs and experiences that people bring to the situation as well as the subsequent definition of their situation influences the mode of adaption to such a

situation obviously more than gender-role specific adaptive mechanisms (Elder 1985, 35). In sum, there is little evidence for general gender-specific reactions toward social crises, but more evidence for the interdependence of the situation, its definition according to role-specific patterns of interpretation, and appropriate modes of adaption. There is one exception: psycho-social distress caused by the double and increasing workload of women in times of social crises.

2.2 *The Situation of German Women After the Second World War 1945 - 1948*

In the disintegrated society of postwar Germany ("breakdown society", Klessmann 1989, 37) women were particularly affected by the social crisis. Established gender roles and gender relations were reshaped by the demographic changes and the shortage of food, fuel and shelter, that put on women the main burden to maintain and feed their families. The breakdown of the economy, high rates of unemployment, and the disintegration of the family that had already started during the war worsened the situation of women.¹¹

The war had caused a considerable surplus of women, who outnumbered men especially in the age groups of 25 to 40 years 125 to 100. To cope with this situation women were especially badly equipped. They brought to this situation the National-socialistic ideology of the role of women and their restriction to marriage, home and childbearing.¹² In addition, they adhered to the "principle of leadership" (Führerprinzip), that submitted them to the leadership of the husband and restricted their responsibilities, participation and decision-making.¹³ The policy of expelling women from higher education and higher positions had had an impact on the availability of professional positions for women especially after the war. The discrepancies between these values and expectations on the one hand and the opportunities and resources on the other hand caused an "anomic situation" mainly for the younger women and their prospects for life. A letter from a young woman to the host of a popular radio show illustrates this situation: "[...] I have calculated that there are about 150 women for every 100 men, and therefore I have given up at once [...]. Now I want to become a physician. But that will be difficult. Men do not want women to study to become a doctor. They would like it best, if women again were not allowed to go to the university" (Klessmann 1989, 368).

The demographic changes of the war contributed to the disintegration of the family. The patriarchal family structures were destroyed, when women took over the responsibilities for the maintenance of the family. In addition to demographic changes, the undermining of parental authority by National-socialistic youth policies, the total loss of moral authority and reputation of the home-coming men as well as the loss of economic security contributed to profound changes in the family's power and control structure, even when the father had returned home. Women experienced a considerable gain in power and control within their families as a result of demographic changes and the socio-political breakdown. The patterns of belief that they had adopted caused them to define this situation as profoundly deficient and not in harmony with their expectations (Kuhn 1984).

Despite their gains in power and control, the emerging discrepancies between values and expectations on the one hand and opportunities and available resources on the other hand must have increased psycho-social distress for women. This applied to existing and prospective marriages as well as to the situation when a woman wanted to change her plans and to opt for a profession.

The shortage of food, fuel and shelter put the burden of maintenance of families mainly on women. The economic crisis made every daily routine a "labour intensive operation" (Elder 1994), that was carried out mostly by women. The work of women was of utmost importance and the provision of food and fuel was the most important task for the population. "Food" and "fuel" were the "greatest care and worries" of the population in the American sector according to surveys between 1946 and 1948 (Scheuch 1992; Merritt, Merritt 1970). The economic crisis made the gender-specific functions of family maintenance especially important and renewed a stronger position of women in the home that had mostly vanished since the industrialization. Still, the difficulties of the daily routines of household work put an extreme stress and strain on women. The economic crisis as well as the long war had a disastrous impact on marriages. Between 1946 and 1948 the rate of divorce increased from 11.2 divorces per 10,000 inhabitants to 18.8 in 1948 (Klessmann 1989, 57).

In sum, the situation of women in postwar Germany can be characterized by severe economic difficulties and an anomic situation that was caused mainly by discrepancy between values and patterns of belief and the resources and opportunities that were available. Despite the breakdown of the patriarchal structure of the family and women's considerable gains in power and control, the anomic situation and lack of control (Elder, Caspi 1990) exceeded these gains. Consequently, increased psycho-social distress and not a decline but an increase in the "search of deviant role exits" for women is to be expected.

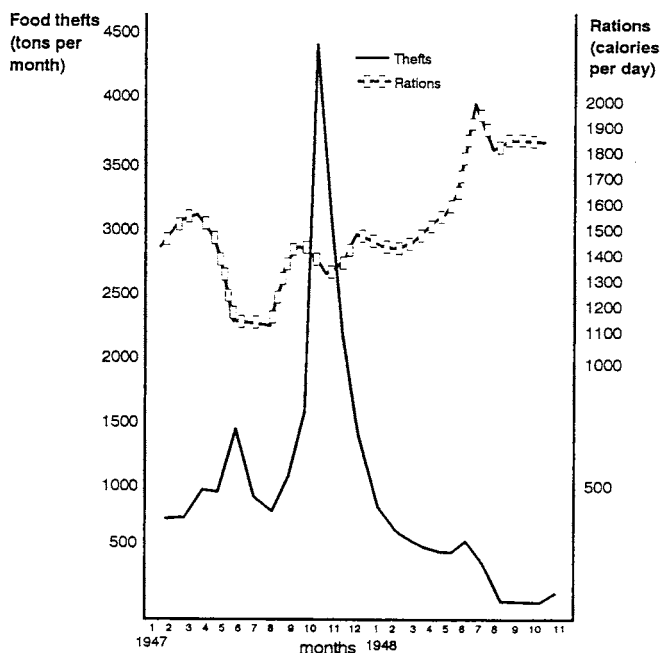
3. Crime, suicide and mental illness: The gender-distress relationship across the life course of different cohorts

3.1 Female crimes during the post-war crisis

During the post-war period crime rates increased rapidly in the adult as well as in the juvenile population (Klessmann 1989, 53; Bader 1949, 3, 147; Kramer 1988). This does not differ from the general trends that have been observed for the period after World War I (Exner 1927; Liepmann 1930). The dissolution of the society, the socio-political breakdown, the de-legitimization of the elites and institutions of social control increase crime rates in addition to the economic crisis. Obviously, in post-war Germany the economic crisis had the strongest influence; not violence but theft was dominant and can be termed the "typical postwar crime" (Kramer 1988, 248). Theft rose from a proportion of 18.5 % of all crimes in 1936 to 83 % in the first quarter of 1947; though it fell gradually, it was 1948 still six times higher than in 1936, while the homicide/murder rates

after a very short increase right after the war had quickly dropped back to their pre-war level (Kramer 1988, 249). This is in contrast to the post-war period of World War I, when violent crimes (homicides, robbery) had increased (Archer, Gartner 1976; Liepmann 1930). The most likely explanation seems to be the complete and rapid disarmament of the population by the Allied Forces, while after World War I civil wars and strife contributed to a generally high level of violence and violent crimes (political crimes) in the postwar period.

Figure 1: *Food thefts compared with food rations, British Zone, 1947-48*
(in %)



Source: Kramer 1988, 250

The very high theft rate was clearly a result of the shortage of all essential supplies. But, as figure 1 shows, there is no mechanical relationship between food rations and food thefts. A continuous stretch of values and morals in an already demoralized population and a disintegration of traditionally accepted values must have contributed to the peak of food thefts in the second half of 1947. Coal theft, in which the whole population participated, was still higher in the second half of 1948 than in 1946, after the Currency Reform in June 1948 had re-established a "normal economy"; this indicates, that return to normal law abiding

behavior was hesitant (Kramer 1988, 251).¹⁴ In which way did women participate in this crime wave, being most hardly hit by the economic and supply situation?

Table 1: *Proportion of women among all sentenced offenders in Bavaria 1946-1947*

	1946	1947
All offenses		
18-20 years old	28.9	29.7
21-29 years old	28.8	23.4
	32.3	30.0
Theft and embezzlement		
all offenders	30.4	25.4
18-20 years old	26.9	19.5
21-29 years old	31.2	25.8
Aggravated theft, burglary		
all offenders	9.1	7.9
18-20 years old	4.6	2.9
21-29 years old	9.8	8.3

Source: Bader, 1949, 153; own computations

The proportion of female offenders for all offenses as well as for theft, embezzlement and burglary are slightly higher than before the war (Einsele 1980).¹⁵ On the other hand they do not differ widely from proportions of female offenders in the 1970ies and 1980ies for these offenses and age groups (Karstedt 1992 and unpublished data). The data show a peak of women's participation for 1946, and a following decline for both age groups. The higher rate of participation of older women in contrast to younger offenders seems to be typical for post-war periods and has been found similarly during and after World War I (Liepmann 1930; Exner 1927). At this life-stage women were mostly hit by the economic situation and the shortage of all supplies, and had in addition to maintain their families with small children.

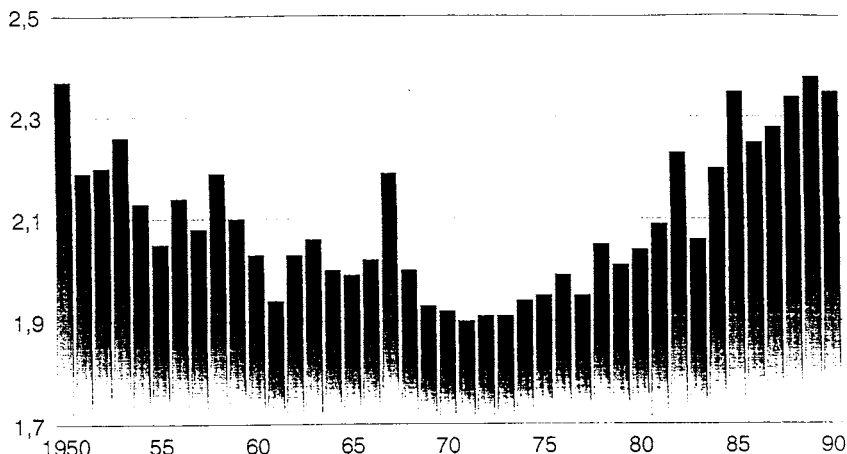
A study of recidivism of young offenders provides data from the urban area of Hamburg on delinquent girls (Brauneck 1961). Before the Currency reform in 1948, the boys had committed on the average 1.6 offenses, while the girls had committed 0.7 offenses (ratio 2.3); the respective averages for offenders only were 3.8 for boys in contrast to 2.9 for girls (ratio 1.3), indicating a rather high participation of girls in the group of those who had committed offenses before 1948. For the mass crime of coal theft, no differences were observed. Further data on this group provide evidence, that these girls came significantly more often from disorganized families. Less than half of all boys (43 %) had a "normal" family, but only 33 % of the girls.

In sum, women seemed to participate disproportionately in the post-war crime wave, but a tendency toward convergence of male and female crime rates was a

rather short-lived phenomenon and did not outlast the post-war period; this does not differ from the post-war period after World War I. For the youngest as well as for the group of older women, the trend towards convergence was more distinct, but for different reasons. Delinquent girls seem to have been more hit by the disorganization of the family and the socio-economic crisis during their adolescence. This points to a more general gender-specific reaction of girls, who likewise during the Great Depression were more at risk for problem behavior than boys (Elder, Caspi 1990). The older women yielded to economic pressures and necessities of supplying their families. Many crimes (embezzlement) were related to the system of food rationing and the black market, i.e. to household activities and to the role of women (Karstedt 1992). In addition, by filling in vacancies left by men, new opportunities for committing crimes were available.¹⁶ But even during this period of social crisis and extreme economic and psycho-social distress for women, the proportion of female offenders and the relation between male and female crime rates has hardly changed, and female crime seems to be mainly economically motivated. As well as during the 1970ies and 1980ies a disproportionate increase of female offenders was part of a general crime wave (Karstedt 1992). The differences between male and female crime rates seem to be rather stable, and even extreme social and economic conditions produce neither significant nor lasting changes.

3.2 *Psycho-social distress, suicide rates and mental illness*

During both world wars suicide rates decreased drastically in nearly all European countries (Amelang 1986, 363; Fuellkrug 1927), and the difference between male and female suicide rates declined. Obviously this is partially caused by the fact that male suicides often were not defined as such (Douglas 1967). Reliable data on suicides are available for the Federal Republic of Germany from 1950. The following analysis of age groups and cohorts is based on the period from 1950 to 1990. Each cohort includes 10 years. The oldest of the four cohorts (born between 1906 and 1915) experienced the war and the postwar period from the age of 25 to 44 years, and was in 1950 35 to 44 years old; the next cohort (born between 1916 and 1925) experienced this period between the age of 15 to 34, and was in 1950 25 to 34 years old; the cohort born between 1926 and 1935 experienced this period between 5 and 24 years and was in 1950 15 to 24 years old; the youngest cohort born between 1936 and 1945 lived through this period between the age of 5 to 14 and had in 1950 this age. In this analysis, ratios of male and female suicide rates are analysed, high values indicating a decisively higher male suicide rate. In addition, the male and female rates are given in the appendix, so that a specific change of the ratio might be analysed on the basis of the single rates.

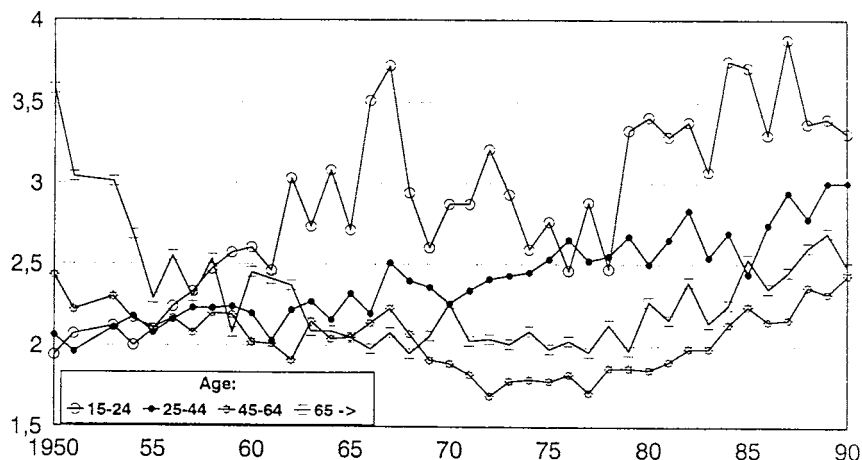
Figure 2: Ratio of male and female suicide rates in the FRG 1950-1990*

* Suicides per 100 000 of the population older than 10 years; 1990 does not include the former GDR. Source: Federal Bureau of Statistics (Statistisches Bundesamt), Statistical Yearbook of the FRG; Special Series 12, Selected Data on Public Health, Causes of Death (Fachserie 12, Ausgewählte Zahlen für das Gesundheitswesen, Todesursachen); own computations; see table 1A in the appendix for male and female suicide rates.

The ratio of the suicide rates of men and women¹⁷ does not follow a general and secular trend towards convergence between 1950 and 1990. The male/female ratio is high during the first and the last decade, declining during the 1960ies and rising again during the second half of the 1970ies (Karstedt 1992). This is mainly caused by a disproportionate increase of female suicide rates during the 1960ies and 1970ies and a decrease of male suicide rates during the first years of the 1950ies. This development as well as rising crime rates and rates of drug abuse during the 1960ies and 1970ies point to an anomic situation for women. Discrepancies between new values and a lack of opportunities in a tight job market seem to have caused increasing psycho-social distress in these times.

A break-down into age-specific suicide rates and male/female ratios (see figure 3 and table 2A.1-2A.4 in the appendix) shows, that mainly for the population aged 65 and more years extreme, but quickly decreasing differences can be observed. This is caused by a rapid and extraordinary decline of male suicide rates between 1950 and 1955. In contrast, for those who were in 1950 between 15 and 24 years old as well as for those between 25 and 44 years old differences between male and female rates are comparably small and at their lowest value for the entire period up to 1990.

Figure 3: *Ratio of male and female suicide rates for different age groups 1950-1990**



* Suicides per 100 000 of the population. Source: Federal Bureau of Statistics (Statistisches Bundesamt), Statistical Yearbook of the Federal Republic of Germany; Special Series 12, Selected Data on Public Health, Causes of Death (Fachserie 12, Ausgewählte Zahlen für das Gesundheitswesen, Todesursachen); own computations; see table 2a.1-2A.4 in the appendix for male and female suicide rates

For the 15- to 24-year-olds, this is caused by a steady decline of female suicide rates up to the 1960ies and a concomitant increase of male suicide rates; for the later periods especially during the 1980ies, high differences are caused by disproportionately declining female suicide rates. In the age group of the 25- to 44-year-olds, men start during the 1950ies with rather low rates in contrast to women's rates, men's rates increasing steadily and more markedly than women's rates until the 1980ies. Afterwards women's rates declined disproportionately, by this accounting for the high differences. In the age group of the 45- to 64-year-olds, men started in 1950 for a short period with high suicide rates; while their rates were declining female rates did not change during the 1950ies, but increased during the following decade; from the mid-60ies, these women's suicide rates increased disproportionately. Since 1980, they are declining again at the lowest value for the entire period of 40 years, accounting by this for increasing differences. For the two youngest age groups up to 44 years old, men have in all following cohorts after the 1950ies a markedly higher risk of committing suicide, while men older than 45 years have in general a much lower risk of committing suicide after the 1950ies.

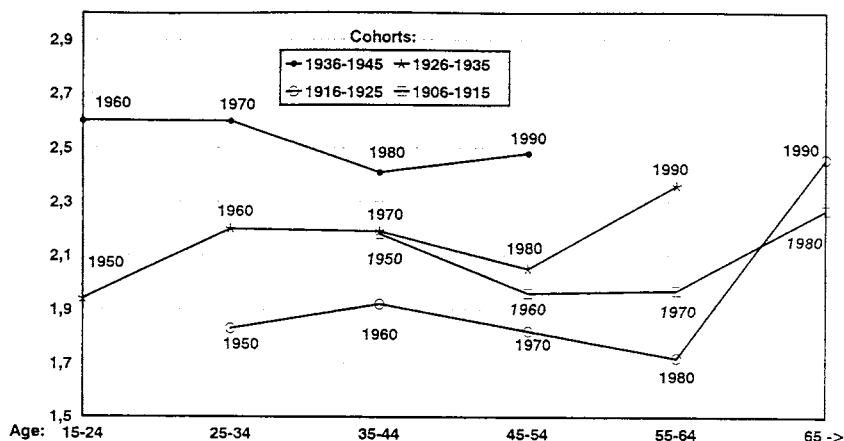
These developments of ratios of suicide rates and their underlying causes seem to point to the specific impact of the war and post-war period on men and women. The oldest men who experienced shortly after the post-war period during

the first years of social stabilization such a high level of psycho-social distress, had spent decisive years of their professional life under the Nazi-Regime, had occupied high positions in the government and party and had taken part in the war in high-level-positions. They were profoundly morally compromised, their system of values had been destroyed, and they could not expect anymore the social and economic status in old age, that they would have had otherwise. The decline of the high suicide rates in this age group within a short period points to the increasing rapidity of the process of social stabilization in the German society. Rapid stabilization and especially the recovery of the economy and prospects for professional life might as well account for the similar pattern in the group of 45-to 64-year-old men.

The men and women who were in 1950 in the age group between 25 and 44 years had experienced the war and post-war period from late adolescence to adulthood.¹⁸ These age groups were hit hardest by the impact of the war. The impact of demographic changes, of family disorganization and of economic problems were strongest in these cohorts of women, as well as lasting. In Thomae's longitudinal study, older women from this age group reported psycho-social distress and problems that men did not report for their adult life, i.e. directly after the post-war period and during the first half of the 1950ies (Thomae 1988, 130). These men had survived the war, and though they were confronted with severe difficulties in their professional life, which they started with a retardation, especially in the younger age groups, this experience of survival must have lowered the level of psycho-social distress decisively. In contrast, women who were in 1950 between 25 and 44 years old, suffered from the demographic changes, and had to join the labor force to maintain their families and bring up their children.¹⁹ Women were not survivors like men, but had to shoulder additional burdens. Until the end of the 1980ies men in the following cohorts had higher suicide rates in these age groups (see table 2A.2 in the appendix).

In the youngest age group the same pattern is observed for male suicide rates, while women's suicide rates declined decisively after the first decade. For these younger age groups, the situation of low levels of psycho-social distress for men and higher levels for women did not last for a long time, causing a shorter period of convergence of male and female suicide rates.²⁰ For all following cohorts, male suicide rates in this age group were markedly higher than female rates, which mostly and steadily declined from 1960 to 1970 and again during the 1980ies. Women who experienced the war and post-war period as children, adolescents and young adults, had during the 1950ies rather high levels of psycho-social distress compared to men. Later, the young women seem to have taken full advantage of the change in education, professional and labor market prospects for women in all following cohorts with the exception of the 1970ies (Wagner 1984) and have markedly lower levels of suicide rates than men.²¹

Figure 4: *Ratio of male and female suicide rates across the life course of different cohorts**



* Suicides per 100 000 of the population. Source: Federal Bureau of Statistics (Statistisches Bundesamt), Special Series 12, Selected Data on Public Health, Causes of Death (Fachserie 12, Ausgewählte Zahlen für das Gesundheitswesen, Todesursachen).

Figure 4 shows the ratio of male and female suicide rates for the four cohorts. Differences between the levels of male/female ratios are extremely marked and much stronger between cohorts than the differences across the life course of the cohorts, at least until the age of 65. Especially the level of the three older cohorts is considerably lower than the level of the youngest cohort. These cohorts, who were born between 1906 and 1935, have experienced the impact of the war and the post-war period most profoundly. The cohort who experienced the war and post-war period (from 1939 to 1949) between the age of 15 to 35 has consistently the lowest male/female ratios until old age, when male suicide rates increase markedly compared to female suicide rates.²²

Though levels of psycho-social distress change for both genders, the relationship between levels remains remarkably constant during the life course of the cohorts. Experiences at decisive life-stages seem to shape the gender-distress relationship during adulthood. This may be either caused by historical events that cause distress for the whole generation or by the "normal" social change, that increases or decreases psycho-social distress for one or both genders decisively. Consequently, the impact of the war and post-war period on the older cohorts in contrast to the youngest "post-war" cohorts has to be cautiously weighed against the impact of the "normal" long-term social change of gender roles, that took place since the mid-sixties in Germany. The markedly lower suicide rates of women compared to men in the youngest cohorts confirm the impact of long-term

and "normal" social change of gender roles. Throughout their late adolescence and their adulthood, women in these cohorts took advantage of rising educational standards, increasing participation in the labor force and the change of patriarchal family structures. These changes have improved their psycho-social well-being and lowered distress compared to men. The older cohorts lived through these changes at a later stage of life, when adaption was more difficult or out of reach, thus increasing psycho-social distress for older women, who were confronted with new values and little opportunities left to realize them.

But these were exactly the cohorts who had experienced the war and post-war period from their late adolescence to their adulthood. The cohort of women born between 1916 and 1925 with the lowest male/female ratio throughout "active" adulthood was mostly affected by the demographic changes of the war (Klessmann 1989, 50), the disorganization of families and the necessities of maintaining families and entering the work force, though they were neither prepared for that by education nor by their normative orientations. These were lasting consequences of the war and post-war period, that could not be altered by the stabilization of the German society that took place until the mid-sixties. Compared to both younger cohorts (1926-1935 and 1936-1945), male suicide rates were considerably lower for young adults and adults up to 44 years, i.e. from 1950 to 1960, while female rates are considerably higher between 45 and 54 years (see table 3A in the appendix). These women could take apparently less advantage than men of the start of the "Wirtschaftswunder" ("economic miracle"), and were too old to participate in the advantages of the new opportunities at the labor market for women likewise the cohorts born between 1936 and 1945.

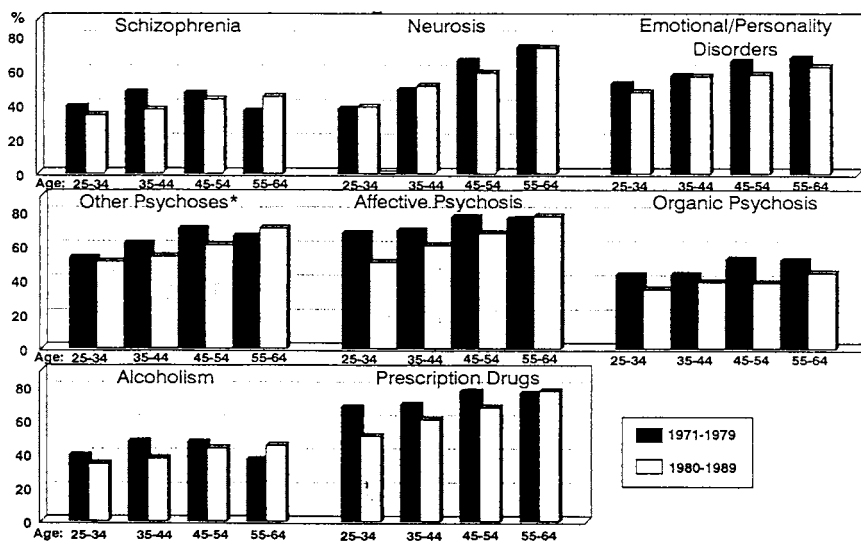
The pattern of differences between male and female suicide rates across the life course of cohorts seems to support an integration of both perspectives on social change. The marked differences between the youngest and the three older cohorts point to the impact of an unique historical period of social crisis as well as to the "normal" social change of gender roles. The war and post-war period and its consequences kept male/female ratios for specific cohorts at an extremely low and convergent level mainly throughout their life course, while the general change of gender roles pushed the ratio at a rather consistently higher level for the youngest cohorts. Consequently, the difference between the older and the youngest cohorts, who took full advantage of the changes of gender roles, is more distinct than it would have been otherwise.

For the cohorts who were born between 1915 and 1935/36 hospitalization for psychological disorders and mental illness in psychiatric hospitals were analysed as additional indicators for psycho-social distress. Thomae (1993, 8) found in his longitudinal study, that those who reacted to the difficult historical period of World War II and the post-war period with an "accepting and distancing" attitude (Langermannn 1970) reported in 1965, but not later a response style to occupational and family problems that was less active and more depressive. Thomae (1993, 8) concludes from the fact, that this response style was found in a small minority, that even in abnormal times, "person and situation [...] interact [...] in the selection of responses". Though the cohorts in his study are not precisely the

same as in this one²³ these results point to non-lasting impacts of the times of severe socio-economic distress on specific patterns of more depressive reactions. Similarly, studies in the USA did not find a strong relationship between economic crises and hospitalization/admission rates in mental hospitals (Smelser, Smelser 1981).

Because federal statistics on patients in mental hospitals are not available, the northern state Schleswig-Holstein was selected. This rural area was the last one occupied by the Allied Forces, and therefore many refugees, who fled the Red Army across the Baltic Sea, flooded into Schleswig-Holstein and settled down there. Consequently, all problems of the post-war period were especially worse in this region. The gender-distress relationship is indicated by the proportion of women who were hospitalized for different types of mental illness.²⁴ Starting in 1971, we can analyse these indicators only across adulthood for the three younger cohorts, who were born between 1915 and 1946.²⁵

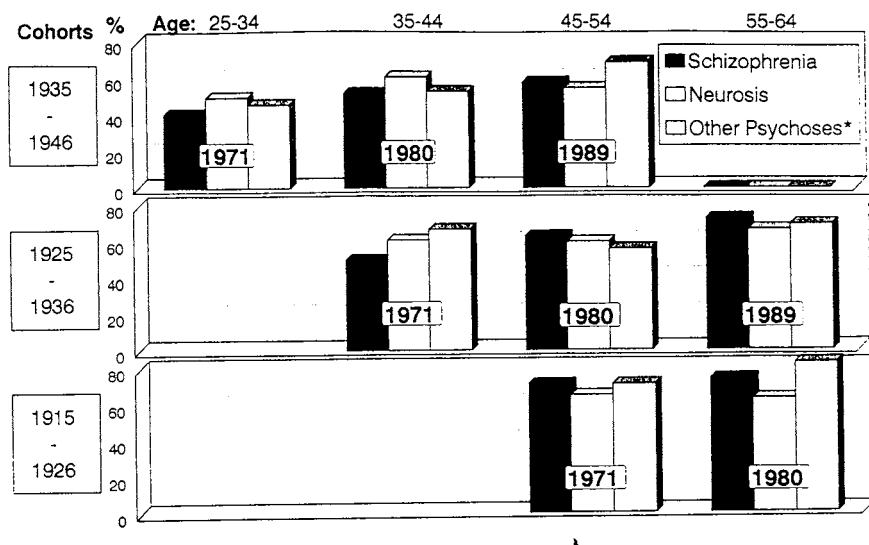
Figure 5: *Proportion of women patients in psychiatric state hospitals in Schleswig-Holstein**



*Other psychoses, excluding organic and affective psychosis 1971-1979=mean proportions; 1980-1989=mean proportions. Computations based on data obtained from the Documentation Center For Psychiatric Hospitals Of The State Schleswig-Holstein, FRG.

When the two decades 1970 to 1979 and 1980 to 1989 are compared, a trend toward decreasing proportions of female patients can be observed for the 1980ies, though the change is not distinct. This indicates a decline in the gender-distress relationship and a trend toward convergence, since women have slightly to decisively higher rates of hospitalization (Gove, Tudor 1973). This trend has been found in several studies and it has been attributed to the increasing participation of women in the labor force, that seems to improve women's mental health, but also increases distress for men (Hagan 1989, 240-242).

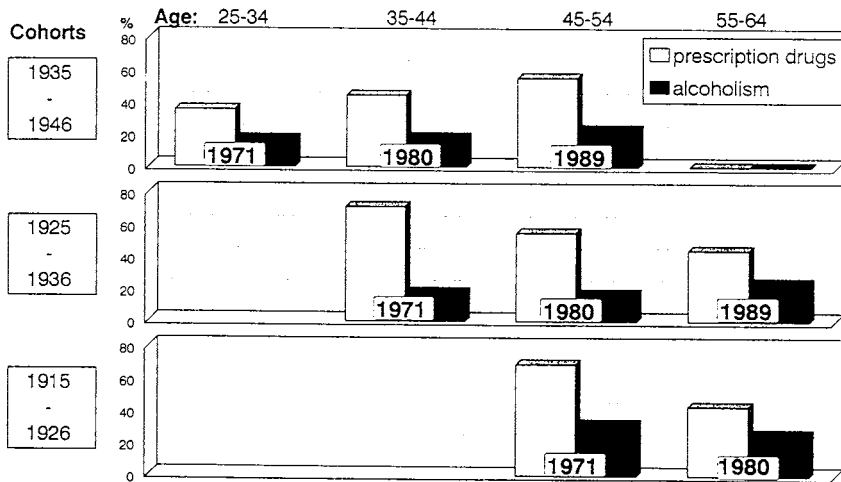
Figure 6: *Proportion of women patients in psychiatric State hospitals in Schleswig-Holstein across the life course of different cohorts**



*Other psychoses, excluding organic and affective psychosis; 1971=mean of 1971/72; 1980=mean of 1979/80/81; 1989=mean of 1988/89. Computations based on data obtained from the Documentation Center For Psychiatric Hospitals Of The State Schleswig-Holstein, FRG.

The comparison of the cohorts that were born between 1915 - 1926 and 1925 - 1936 with the youngest cohort for the age of 35 to 44 and 45 to 54 years does not point to an increase of mental disorders in the older cohorts as late as 1971 to 1989, or a respective change of differences between both genders.

Figure 7: *Proportion of women among patients receiving treatment for alcoholism and prescription drug abuse in psychiatric hospitals in Schleswig-Holstein across the life course of different cohorts**



* 1971=mean of 1971/72; 1980=mean of 1979/80/81; 1989=mean of 1988/89.

Computations based on data obtained from the Documentation Center For Psychiatric Hospitals Of The State Schleswig-Holstein, FRG.

The fact, that the oldest cohorts have slightly higher proportions of prescription drug abuse and alcoholism between 45 and 54 years, as well as a tendency to slightly higher proportions of other diagnoses should not be overrated. Generally, the proportion of women who are hospitalized in psychiatric hospitals has been remarkably stable throughout the period, despite of sweeping changes in gender roles and family structures, and concomitant changes in gender differences of suicide rates. Consequently, the impact of "normal" social change on these indicators seems to be rather small, and the impact of social crises seems to be short-termed, if there has been any. As has been shown in other studies (see Smelser, Smelser 1981, 630) these indicators seem to be less well suited to trace the impact of acute social crises as well as "normal" social change across the life course and in different cohorts.

4. Cohorts, social crises and social change: momentum and inertia

Sweeping socio-economic change, war and post-war periods, revolutions and civil strife are for contemporaries as well as for historians events, that turn the world upside down. They tend to overrate the depth and momentum of social changes and to underrate the inertia of habits, belief systems and of the institutional fabric of societies. The impact of the changes of gender roles during the last 30 years on dissocial behavior like crime, deviant behavior and mental illness has been typically overrated by contemporaries as well as by scientists (Smelser, Smelser 1981; Kruttschnitt 1993; Karstedt 1992).

This study on the impact of the Second World War and the post-war period on the gender-distress relationship shows, that momentum and inertia are simultaneous. While the gender-distress relationship as indicated by the ratio of male/female suicide rates varies for different age groups considerably over a period of 40 years, so that subsequent cohorts differ markedly from the former, in contrast, this ratio is remarkably stable over the life course of different cohorts at least across active adulthood²⁶. In this context it is decisive, that social change, be it sweeping or "revolutionary" or slow and long-term, is an experience of cohorts to which they bring *collective* patterns of belief and adaption.²⁷ Thus, the women in the youngest "post-war" cohort had adopted a belief system that enabled them to take full advantage of their educational achievements, the labor market and the change of the patriarchal family structure; compared to men they had markedly lower levels of psycho-social distress during their adulthood. In contrast, the older cohorts, though they were confronted with sweeping demographic and social changes, that changed the power structure within the family decisively and forced women into the labor market, defined according to their traditional values and according to the belief system which they had adopted in their formative life-stages during Nationalsocialism, this situation as profoundly deficient. Similarly, women who entered the work force during the Great Depression in the USA were placed into a "cross-pressured situation in which their work was viewed as an attack on manhood" while during World War II, working women became homefront "heroines to many" and to themselves (Elder 1985, 27). This "anomic situation" and a concomitant lack of control of it added to the strain of the German women. While men took advantage of the emerging economic prosperity, women could not and had, compared to the men of their cohorts, throughout their adulthood rather high levels of psycho-social distress.

A change of the power-control structure seems to have an impact on the gender-distress relationship, when belief systems and modes of adaption have changed in a way so that women can take advantage of these changes. Obviously, concomitant changes of structural conditions and belief systems have to take place, a process, that differentiates *between* cohorts, but not within them. In this way, "cohorts do not cause change, [but] they permit it" when new ones enter history (Ryder 1965, 844). Consequently, the experience of socio-economic distress and lasting demographic changes by women of the older cohorts deepened the conflict between them and the younger generations of women. Women

from these cohorts report increasing conflicts and worries with their children, especially their daughters (Lehr, Thomae 1991, 118-121). In an international study on values and beliefs Germany and Spain had the lowest rates of consensus between parents and children at this time (Noelle-Neumann, Köcher 1987).

The social and economic crises during the war and post-war period did not have an uniform impact on the different "deviant role exits" that are available for women in times of severe psycho-social distress. The ratios of male and female crime rates have only slightly changed during the post-war period, mostly due to the economic crisis and special opportunities for women, and have quickly gone back to previous levels. Similarly, changes of gender roles during the 1960ies and 1970ies did not produce substantial changes of the differences between male and female crime rates and their age-specific pattern (Karstedt 1992). The prolonged change of female crime rates after World War I seems to have been caused by the period of civil strife and civil war after this war (Liepmann 1930; Exner 1927; Bader 1949). The most marked increase is observed for women between 25 and 35 (20 and 29); Bader 1949), who were hit hardest by the economic distress. In addition, in this study as well as in others, the profound social crisis of the war and post-war period has had no long-term impact on the cohorts with regard to the proportions of women hospitalized for mental disorders/illness.

Cohorts are historically as "unique" as the processes of social change and the social crises that shape them and the life course of the individuals. "Understanding" (Dilthey) this unique historical situation and its possible long-term impact that is transmitted by cohorts across history is the "historical method" that is adopted in "idiographic" research on the life course (Thomae 1988, 6). On the other hand, for the developmental perspective of sociologists which is social change, the analysis of cohorts is a basic tool in "explaining" (Dilthey) such crises and their impact and, consequently, a more "nomothetical" approach will guide research. Obviously, the task to "grasp history and biography" has to integrate the more historical methods. But it has been shown that contemporary crises in Europe bear much in common with the war and post-war crisis in Germany. The comparison of the impact of social crises especially on women has unearthed more similarities between the Great Depression, a farm crisis in the 1980ies in the USA and the post-war period in Germany, than could have been expected from the perspective of "historical uniqueness".

The constituent elements of such crises that have an impact on psycho-social distress that women experience and that change the rates of dissocial/problem behavior compared to men seem to be economic distress, demographic changes and profound changes in the family structure, resulting in the disorganization of the family. The "lack of control" that is experienced in face of such crises increases psycho-social distress. In this process, a decisive role in shaping the way women react to such a situation has to be attributed to the belief system and especially to the ideology of gender roles. A belief system that defines such changes as "deficient" and as a "lack of opportunities", adds to women's experience of psychosocial distress. In the same way, a breakdown of hitherto accepted values may add to the difficult situation of women as well as of men. For adolescents

(Jaide 1988; Thomae 1988; Merritt, Merritt 1970; Becker 1949) as well as for adults, observers of these times stress the feelings of "doubt, hopelessness, ambiguity and confusion". Late adolescence and young adulthood seem to be decisive life-stages for the impact of such crises on dissocial and problem behavior of women; these results of Elder (1974; Elder, Caspi 1990) are supported in this study for a different time, culture and type of crisis.

Life course research on the contemporary crisis of Eastern Europe should stress an historical approach by making use of idiographic methods in combination with theoretical concepts and a nomothetical methodology (Thomae 1988). By this, the study of an unique crisis and those cohorts that were affected by it may equally contribute to the development of theoretical concepts as well as to the methodology of life course research.

Anmerkungen

- 1 I wish to thank Prof. Glen Elder, Prof. Joan McCord and Prof. Ilene Siegler for their helpful comments and advice for the revision of this paper.
- 2 Brenner (1973) found that since the 1920ies no economic downturn in New York State produced such an increased magnitude of hospitalization for mental illness as he found for the lowest socio-economic class. From these results he concluded that collectively experienced economic failures have a lesser impact than those that are experienced as "personal failure".
- 3 Consequently, Thomae in a longitudinal study on aging, starting from a nomothetical approach and developmental perspective, did not take into account specific experiences that his subjects made during the war and post-war period (Thomae 1988, 129-132).
- 4 Germany seems to be the only western industrialized state, in which at least a part of the population has lived twice through such a crisis, some (octogenarians in the former GDR) even three times, if the First World War and the subsequent period of economic crisis, socio-political change and civil strife is added to this.
- 5 The population of the American zone was continuously surveyed from 1945 to 1949; the results were published in the so-called OMGUS-Reports; an overview and the results are published in Merritt, Merritt 1970.
- 6 Members of the German elite who had been sent for their re-education to the United States, reported, that - coming back - they were "more impressed by the chaotic state in the mental attitudes of the people than by the physical and material conditions" (OMGUS-Report No. 93, February 1948; Merritt, Merritt 1970, 200). Today, reports on the population of the Eastern part of Germany after the reunification mostly center on the "insecurity" (Verunsicherung) of the population.
- 7 For crime rates see Steffensmeier 1978, 1980; Box/Hale 1983; for comparative studies of crime rates Clark 1989; Kruttschnitt 1993; for Germany Karstedt 1992; for suicide rates Amelang 1986; Sainsbury et al. 1980; Karstedt 1992; for suicide attempts Amelang 1986, 342; Hawton/Catalano 1982; for alcohol and drug abuse Merger/Khavari 1990; Karstedt 1992.
- 8 According to this theory, the change of the power-control structure of the family during the Great Depression caused a decline of male delinquency as unemployment rose, introducing fathers into domestic social control (McCarthy, Hagan 1987, 172). The concomitant change of the role of the mother (Elder 1974) and its impact on problem behavior of girls is not discussed; it cannot be excluded, that this has acted as an counterbalancing force against a decline of girls' delinquency.

- 9 Women generally have higher prevalence rates of mental disorders than men. Therefore, an increase of psycho-social stress results in higher differences between male and female prevalence rates.
- 10 According to Brenner (1973) this is a specifically American vulnerability to large-scale social changes: the American ethic of individualism and self-sufficiency is at variance with the institutional fact, that the individual has little control over large-scale social changes. Results from the German longitudinal study on aging confirm in contrast, that lack of control and the respective adaptive mechanisms were equally experienced in Germany after 12 years of an authoritarian regime that left little to the individual (Thomae 1988, 129-131).
- 11 Families had been disintegrated by the military service, the mandatory "work service" for young men and women, and the separate evacuation of women and children from the cities into the more safe rural areas. Children from the most endangered cities were evacuated early, while their mothers stayed behind.
- 12 Despite intensive ideological pressure, the birth rate had not increased more than in other industrialized countries after the Great Depression between 1935 and 1945 (Kuhn 1984).
- 13 Nationalsocialists had even planned to give only a restricted citizenship to women, but these plans were never realized.
- 14 Coal theft even had the "blessing" of the Roman Catholic Church, after the Cardinal Frings of Cologne had expressed his understanding for coal theft in a sermon. After that, this activity was called "fringsen".
- 15 It should be noted, that Bavaria is a mostly rural Roman Catholic area, but had a large influx of refugees at this time. The data of Einsele refer to Germany; therefore the increase of the proportion of female offenders might be underestimated and actually rather high for this rural area.
- 16 Both added up to the increase of "mail crimes" that included mail theft of packages with food and clothes (Cremer 1974).
- 17 Suicides per 100,000 of the population older than 10 years.
- 18 The older men and women had experienced World War I as children and World War II as adults.
- 19 The wife of the first president of the Federal Republic of Germany founded an organization for the "convalescence of mothers"; the institution organized holidays especially for war widows with small children.
- 20 It has to be taken into account, that this age group includes only 10 years, and consequently, new cohorts replaced the older ones more rapidly.
- 21 See Sainbury et al. (1980) and Davis (1981) for the impact of labor force participation of women on female suicide rates. In Germany, female suicide rates in the age group 25 to 44 years were stable up to 1965; afterwards the male suicide rate increased faster than the female suicide rate (see table 2A.2 in the appendix).
- 22 It has to be taken into account, that the age group "65 and older" includes older cohorts.
- 23 The study included cohorts from 1900 to 1909 and 1920 to 1929 (Thomae 1988).
- 24 The classification system used by the Documentation Center for Psychiatric Hospitals of the State Schleswig-Holstein is based on the ICD (Wittling 1980; Schmidt 1984). Major changes have not been introduced since according to information received from the Documentation Center.
- 25 The proportion of women among patients in psychiatric hospitals are the result of two factors: the development of mental disorders in the population of women and the social control of women and their mental disorders. Despite these problems they are often used in research (Gove, Tudor 1973).
- 26 For crime rates, a similar stability within cohorts can be observed (Greenberg 1985).

- 27 Elder (1985, 35) identifies four sets of variables for the appraisal of events on the individual life course, which apply similarly to the "historical age" of cohorts: (1) the nature of the event, its severity, duration and so on; (2) the resources, beliefs, and experiences people bring to the situation; (3) how the situation or the event is defined; and (4) resulting lines of adaption as chosen from available alternatives.

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